## **Yolo County Environmental Health**

10 Cottonwood Street, Woodland CA 95695

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**HAZARDOUS WASTE** 

## **ONSITE HAZARDOUS WASTE TREATMENT NOTIFICATION - FACILITY PAGE**

I. FACILITY IDENTIFICATION	
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)	3 FACILITY ID 1
II. STATUS	
NOTIFICATION STATUS 600 PERMIT STATUS (Check of a. Amended a. Facility Permit b. Initial b. Interim Status c. Renewal (PBR Only) c. Standardized Permit	□ d. Variance □ e. Consent Agreement
III. NUMBER OF UNITS AT FACILITY	
(Indicate the number of units you operate in each tier, attach one unit notification page for each unit except CE-CL)	
a Conditionally Exempt - Small Quantity Treatment (CESQT) (May not function under any other tier)	
b Conditionally Exempt - Specified Wastestream (CESW)	
c Conditionally Authorized (CA)	
d Permit by Rule (PBR)	
e Conditionally Exempt - Limited (CEL)	
f Conditionally Exempt - Commercial Laundry (CE-CL) (No unit page is required for laundries)	
g TOTAL UNITS (Must equal the number of unit notification pages attached plus the number of CE-CL units)	
IV. CERTIFICATION AND SIGNATURE	
Waste Minimization I certify that I have a program in place to reduce the volume, quantity, and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.	
<u>Tiered Permitting Certification</u> I certify that the unit or units described in these documents meet the eligibility and operating requirements of state statutes and regulations for the indicated permitting tier, including generator and secondary containment requirements. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.	
I am aware that there are substantial penalties for submitting false information, ir	cluding the possibility of fines and imprisonment for knowing violations.
SIGNATURE OF OWNER/ OPERATOR	DATE 603
NAME OF OWNER/OPERATOR 604	TITLE OF OWNER/OPERATOR 605
REQUEST FOR SHORTENED REVIEW PERIOD (CE and CA only)  State Reason for Request	
V. ATTACHMENTS (Check if attached)	
ALL tiers except CE-CL (Laundries) must submit:  1. One unit specific notification page and one treatment process page per u  2. Plot Plan (or other grid/map)	PBR ONLY  1. Tank and container certifications, if required  2. Notification of local agency or agencies  3. Notification of property owner, if different from business
PBR & CA ONLY:  ☐ 1. Closure Financial Assurance (formerly DTSC form 1232)  ☐ Self Certified (<\$10,000) ☐ Other mechanism  ☐ 2. Prior Enforcement History if applicable.	owner